

FILED SEP 10 1941

Registration District No. 312

Primary Registration District No. 4188

Registrar's No.

1. PLACE OF DEATH

(a) County Henry  
(b) City or town King City Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community 80 yr. years, months or days)

3. (a) PRINT FULL NAME Alfred Ann Surface Turner

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex T-1 5. Color or race Can. 6. (a) Single, widowed, married, divorced widowed

(b) Name of husband or wife John Turner 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Apr. 11-1857 (Month) (Day) (Year)

8. AGE: Years 84 Months 4 Days 9 If less than one day hr. min.

9. Birthplace Warren Co. Ohio (City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business

12. Name John Surface

13. Birthplace Warren Co. Ohio (City, town, or county) (State or foreign country)

14. Maiden name Martha Williams

15. Birthplace Warren Co. Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Nellie M. Kenney

(b) Address King City Mo.

17. (a) Buried (b) Date thereof 8-22-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation King City Mo.

18. (a) Signature of funeral director R. J. Jaggard

(b) Address King City Mo.

19. (a) 8-22-41 (b) Donald D. Gault (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry  
(c) City or town King City Mo. (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 20 year 1941 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from 1934 to Aug 20 1941

that I last saw her alive on Aug 20 1941

and that death occurred on the date and hour stated above.

Immediate cause of death acute illness Duration 3 wks.

calitis from failure of all functions.

Due to age

Due to age

Other conditions mitral insufficiency 1934

(Include pregnancy within 5 months of death)

man with auricular fibrillation

Major findings:

Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓

While at work? ✓ (Specify type of place) (e) Means of injury ✓

23. Signature Mark H. [illegible] (M. D. or other) ✓

Address King City Mo. Date signed 8/22/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 20 1932

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*R. G. Taggart*

Licensed Embalmer No. *2563*

P. O. Address *King City Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**